



Certificate of Express Mailing

"Express Mail" Mailing Label Number: EV315085853US

Date of Deposit: 08/28/2003

Ref: Case Docket No.: 239604

First Named Inventor: Angshuman Saha

Serial Number: 09/418,119

Filing Date: 10/14/1999

Title of Case: Method of Link Word Synchronization

I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Washington D.C. 20231

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1. Response A.
2. Response transmittal.
3. Duplicate Response transmittal.
4. Petition for Extension of Time.
5. Revocation of Power of Attorney or Authorization of Agent.
6. Power of Attorney or Authorization of Agent, Not Accompanying Application.
7. Statement Under 37 CFR 3.73(b).
8. Notice of Assignment for the Benefit of Creditors and Deadline for Submitting Claims.
9. Check for fees in the amount of \$465.00.
10. Certificate of express mailing.
11. Postcard listing contents.

Mark A. Boys

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing papers or fee)

Method of Transmission: EV315085853US

CASE DOCKET NO. 239604

In reference to application of Angshuman Saha et al.

Serial No. 09/418,119

For Method of Link Word Synchronization

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312

- ☐ No additional fee is required.
☒ Applicant claims Small entity status under 37 CFR 1.27.
☒ The fee has been calculated as shown below.

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**** CLAIMS AS AMENDED ****

(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	19	Minus	** 20	0	\$ 9	\$ 18	\$ 0.00
Indep Claims	3	Minus	*** 3	0	\$ 42	\$ 84	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month	<input type="checkbox"/> 2nd Month	<input checked="" type="checkbox"/> 3rd Month	\$ 465.00			
Total additional for claims, time extensions and disclaimer fees							\$ 465.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☒ A check in the amount of 465.00 is attached.

☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)

☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.

09/04/2003 ZJUHA1-00000013-09418119

01-FC:225-465.00-00

Respectfully Submitted,

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